2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jun 08, 2000 8:00 am Secretary of State P99000051871 OCUMENT # Entity Name STUFF N SUCH BY JOE INC 06-08-2000 90034 022 ***150.00 rincipal Place of Business Mailing Address 12850 E Hwy 316 12850 E Hwy 316 Fort McCoy Fl 32134 Fort McCoy F1 B0102i50 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59=3602560 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Joseph M Harrison 12850 E Hwy 316 Fort McCoy Fl 32134 Zip Code FL 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE **PVSTD** NAME Joseph M Harrison 12850 E Hwy 316 STREET ADDRESS TREET ADDRESS Fort McCoy Fl CITY-ST-ZIP CITY-ST-ZIP 32134 ☐ Change ☐ Addition ☐ Delete TITLE ITLE IAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE IAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME JAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ITLE IAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME JAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE: